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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Substitute for form 1449A/PTO INFORMATION DISCLOSURE Complete if Known STATEMENT BY APPLICANT 10/780,827 (Use as many sheets as necessary) Application Number **Filing Date** February 18, 2004 **First Named Inventor** Rezachek, Thomas **Group Art Unit** 1795 **Examiner Name** Crepeau, Jonathan Attorney Docket No: H0004291.65262 Sheet 1 of 1 **US PATENT DOCUMENTS** Name of Patentee or Applicant of Examiner Cite **USP Document Number Publication Date** Pages,Columns,Lines,Where Initial * No. * cited Document Relevant Passages or Relevant Figures Appear FOREIGN PATENT DOCUMENTS Cite Foreign Document No Pages, Columns, Lines, Examiner No. 1 Publication Name of Patentee or Applicant of Where Relevant T² Initials* Country Code - Number -Date cited Document Passages or Relevant Kind Code (if known) Figures Appear OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, Examiner Cite Initials* No magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. "Application Serial No. 11/247,435 (Atty. Ref.256.338US1) Final Office Action mailed /JC/ 03/17/08", FOAR,10 Pgs Filed: _____

EXAMINER

/Jonathan Crepeau/

DATE CONSIDERED

05/08/2008